ABILITY TO DRIVE SAFELY

Experience Statement Sheet for Motor Vehicle and Mobile Equipment Operators
Proponent of this form is ATZK-CP

Please fill in both sides of this form. You may have someone help you complete it if you wish.

A. GENERAL INFORMATION

SSN:	DATE:
POSITION APPLIED FOR:	ANNOUNCEMENT NO:

ORGANIZATION:

B. TRAFFIC VIOLATIONS. *(Supply the information requested below for each time you were given a ticket or arrested for breaking a driving law during the past 5 years. Do no include any record where you were found not guilty. Also do not include parking tickets.)*

1

Type of violation	Mo./Yr.	While on job:	City, County, State	License revoked or suspended?	Fined or forfeited collateral?	Sentenced?
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Details of action taken *(Length of suspension, amount of fine, etc.)*

2

Type of violation	Mo./Yr.	While on job:	City, County, State	License revoked or suspended?	Fined or forfeited collateral?	Sentenced?
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Details of action taken *(Length of suspension, amount of fine, etc.)*

3

Type of violation	Mo./Yr.	While on job:	City, County, State	License revoked or suspended?	Fined or forfeited collateral?	Sentenced?
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Details of action taken *(Length of suspension, amount of fine, etc.)*

C. DRIVER'S LICENSE INFORMATION

Driver's permit or license number	State in which it was issued	Date it expires

Restrictions listed in present license	Other states where you obtained license during the past 5 years

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D. ACCIDENT RECORD. *(Complete the information requested for each accident you have had during the past 5 years--whether your fault or not.)*

1

Type of accident *(Head-on collision, hit a tree, etc.)*	Mo./Yr.	While on job: Yes ☐ No ☐	City, County, State

Amount of damage to your car: $ _____	Amount of damage to the other party's car $ _____	Did you or your insurance company make payment to the other party? If "Yes," give amount, $ _____ ☐ Yes ☐ No

Was anyone killed? ☐ Yes ☐ No	Were you judged at fault? ☐ Yes ☐ No

Describe charges placed against you, if any	License revoked or sus-pended?	Fined or forfeited collateral?	Sen-tenced?	Details of action taken *(sentence, length of suspension, amount of fine, etc.)*
	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

2

Type of accident *(Head-on collision, hit a tree, etc.)*	Mo./Yr.	While on job: Yes ☐ No ☐	City, County, State

Amount of damage to your car: $ _____	Amount of damage to the other party's car $ _____	Did you or your insurance company make payment to the other party? If "Yes," give amount, $ _____ ☐ Yes ☐ No

Was anyone killed? ☐ Yes ☐ No	Were you judged at fault? ☐ Yes ☐ No

Describe charges placed against you, if any	License revoked or sus-pended?	Fined or forfeited collateral?	Sen-tenced?	Details of action taken *(sentence, length of suspension, amount of fine, etc.)*
	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

E. SAFETY AWARDS

Have you ever received a safety award? Yes ☐ No ☐	If yes, give details, including date received

Have you ever received a citation for safe driving or for being a safe worker? Yes ☐ No ☐	If yes, give details, including date received

If you had more than three traffic violations or two accidents within the last 5 years, provide the information requested in B and D above for each on additional sheets.

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